

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><b>(fees effective on or after December 8, 2004)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                             | Docket Number (Optional)<br><br>005032.00029                                                                                       |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|--|------------|-------------------------|--|-------------------------------------------------------------------|-------|------|--------------|---------------------------------------------------------|-------|-------|----------------|-----------------------------------------------------------|--------|-------|----------------|----------------------------------------------------------|--------|-------|----------------|----------------------------------------------------------|--------|--------|----------------|
| Application Number 10/601,009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | Filed June 17, 2003                                                                                                                |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| For PASTEURIZING OR STERILIZING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| Art Unit 1797                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | Examiner Chorbaji, Monzer R.                                                                                                       |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| The requested third month extension and fee are as follows (check time period desired and enter the appropriate fee below):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;"><u>\$120</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;"><u>\$_____</u></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <u>\$120</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | <u>\$_____</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | <u>\$_____</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | <u>\$_____</u> | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | <u>\$_____</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Fee</u>                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Small Entity Fee</u>                                                                                                            |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$120                                                                                                                                                                                                                                                                                                                                                                                                       | \$60                                                                                                                               | <u>\$120</u>   |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$460                                                                                                                                                                                                                                                                                                                                                                                                       | \$230                                                                                                                              | <u>\$_____</u> |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$1050                                                                                                                                                                                                                                                                                                                                                                                                      | \$525                                                                                                                              | <u>\$_____</u> |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1640                                                                                                                                                                                                                                                                                                                                                                                                      | \$820                                                                                                                              | <u>\$_____</u> |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$2230                                                                                                                                                                                                                                                                                                                                                                                                      | \$1115                                                                                                                             | <u>\$_____</u> |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-0733</u>. I have enclosed a duplicate copy of this sheet.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| I am the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br><p style="text-align: center;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>57,531</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34. |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <br>Signature<br>Jane Hsu White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                             | Registration number if acting under 37 CFR 1.34. _____ .<br>Date<br>August 15, 2008<br>(617) 720-9600<br>Telephone Number<br>_____ |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                |  |            |                         |  |                                                                   |       |      |              |                                                         |       |       |                |                                                           |        |       |                |                                                          |        |       |                |                                                          |        |        |                |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.